DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN

Bureau of Quality Assurance
P.O. Box 2969

Madison WI 53701-2969

Facility Information

Facility Name: MORNING VIEW (510209)

Address: 2710 NORTH TOWN HALL ROAD, EAU CLAIRE, WI 54703

License Status: REGULAR

Licensed/Certified/Registered 10/14/1992

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0093688 End Date: 11/10/2004 Type: STANDARD Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0092994 End Date: 07/22/2004 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009788 Served 07/23/2004

Deficiencies Cited Subject Area Verified Corrected

Compliance

83.21(4)(g) FAIR TREATMENT 07/23/2004 Yes

Survey ID: 0090959 End Date: 08/22/2003 Type: STANDARD Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Enforcement History

Date: 07/22/2004

SOD #10009788

Appealed: No

Sanctions

FORFEITURE---83.21(4)(g)

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Complaint History

Date Complaint Received: 07/01/2004 Date Investigation Completed: 07/22/2004

Subject Area(s) Result

ADMISSION, TRANSFER & DISCHARGE NOT SUBSTANTIATED